



\$3738

PTO/SB/21 (08-00)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/942,537
		Filing Date	August 29, 2001
		First Named Inventor	Buskirk, et al.
		Group Art Unit	3738
		Examiner Name	Stewart, Alvin J.
		Attorney Docket Number	1915/13879US01
Total Number of Pages in This Submission		19	

ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
 - ☒ Fee Attached - \$420.00
- ☐ Amendment/Reply
 - ☐ After Final
 - ☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☒ Response To Restriction Under 35 U.S.C. §121 And Preliminary Amendment
- ☐ Information Disclosure Statement
 - ☐ PTO 1449/08A with references
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/Incomplete Application
 - ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment Papers (for an Application)
- ☐ Drawing(s) (sheets)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD Number of CD(s) _____

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☐ Other Enclosure(s) (please identify below):

Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Signature		Reg. No. 32,167	
Date	09/11/03		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 2, 2003.

Name (Print/type)	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167
Signature		Date	12/02/03



PTO/SF 17 (11-00)

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FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision.	Complete if Known		
	Application Number	09/942,537	
	Filing Date	August 29, 2001	
	First Named Inventor	Buskirk, et al.	
	Examiner Name	Stewart, Alvin J.	
	Group Art Unit	3738	
TOTAL AMOUNT OF PAYMENT	(\$420.00)	Attorney Docket No.	1915/13879US01

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) 1001 770 2001 385 Utility filing Fee 1002 340 2002 170 Design filing Fee 1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee SUBTOTAL (1) (\$)		Fee Code Fee (\$)	
2. EXTRA CLAIM FEES Total Claims <input type="text"/> - 20** = <input type="text"/> x <input type="text"/> = <input type="text"/> Independent Claims <input type="text"/> - 3** = <input type="text"/> x <input type="text"/> = <input type="text"/> Multiple Dependent <input type="text"/> = <input type="text"/> Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$)		Fee Code Fee (\$)	
**or number previously paid, if greater; For Reissues, see above		SUBTOTAL (3) (\$420.00)	

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Donald J. Pochopien	Registration No. (Attorney or Agent)	32,167	Telephone	(312) 775-8133
Signature		Date	December 2, 2003		

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